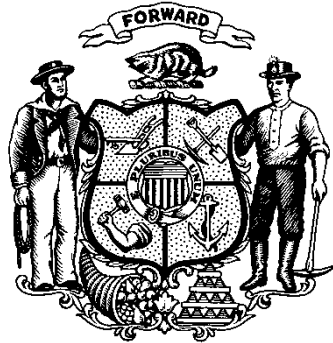


GRANT REQUEST FOR PROPOSAL

STATE OF WISCONSIN
DEPARTMENT OF HEALTH SERVICES
DIVISION OF PUBLIC HEALTH



RFPG # G1697 DPH-CB

Wisconsin Hospital Emergency Preparedness Program – Information Sharing &
Patient Tracking System

PROPOSALS MUST BE RECEIVED BY 2:00 PM CT 3/15/2013

LATE PROPOSALS WILL BE REJECTED
FAXED PROPOSALS WILL NOT BE ACCEPTED
THE STATE RESERVES RIGHT TO REJECT ANY AND ALL PROPOSALS

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APPENDIX A – REQUIRED FORMS

- Vendor Information Form DOA-3477
- Vendor Reference Form DOA-3478
- Designation of Confidential and Proprietary Information Form DOA-3027

1.0 GENERAL INFORMATION

1.1 Introduction and Background

The Wisconsin Hospital Emergency Preparedness Program (WHEPP) was created in 2001 in response to a federal grant received by the state to better prepare healthcare systems within the state for bioterrorism and other public health threats and emergencies. The hospitals within the state self-selected into 7 hospital preparedness regions when the program was formed. There are 145 non-federal hospitals plus a few additional federal hospitals in WI. The hospitals in the state are divided into the regions based on their referral patterns. Other preparedness partners under the WHEPP umbrella include Community Health Centers, Tribal Clinics, Nursing Homes, Emergency Management, and Public Health agencies, as well many other response agencies.

Since 2001, the program has expanded to cover an all-hazards approach, and the preparedness activities have expanded into preparation for natural disasters and other mass casualty incidents in addition to the initial bioterrorism and public health-based preparedness activities. Funding projects have been based on federal deliverables and individual needs of the healthcare system and have included projects such as evacuation planning, flu pandemic preparation, and surge capacity considerations, to name a few.

Today, the program is still continuing to evolve by including response as a portion of the program and by creating a more healthcare-coalition based approach by working together with other emergency preparedness partners. The current funding is provided by the Assistant Secretary of Preparedness and Response at the federal level, and the deliverables for this funding are created by the National Hospital Preparedness Program.

The National Hospital Preparedness Program provides leadership and funding through grants and cooperative agreements to States, territories, and eligible municipalities to improve surge capacity and

enhance community and hospital preparedness for public health emergencies. This year the federal program is aligning the hospital and Public Health efforts. The objectives have been broken down into capabilities.

One of these capabilities is No. 6 - Information Sharing. Information sharing is the ability to conduct multijurisdictional, multidisciplinary exchange of health-related information and situational awareness data among federal, state, local, territorial, and tribal levels of government, and the private sector. This capability includes the routine sharing of information as well as issuing of public health alerts to federal, state, local, territorial, and tribal levels of government and the private sector in preparation for, and in response to, events or incidents of public health significance.

1.2 Scope of the Project

In compliance with the US Department of Health and Human Services, Assistant Secretary for Preparedness and Response (ASPR), Hospital Preparedness Program (HPP) grant, Wisconsin Hospital Emergency Preparedness Program is seeking an emergency communication system to serve the hospitals and health partners in the case of a major event in Wisconsin.

1.3 Procuring and Contracting Agency

The Department of Health Services, Division of Public Health issued this RFP. DPH will administer any contract resulting from this RFP. The Contract Administrator will be:

Kara Cornils
Contracts Specialist
Department of Health Services
Division of Public Health
1 W. Wilson Street, Room 372
Madison, WI 53703

1.4 Definitions

Throughout the RFP, the following terms are defined as:

1. Department / DHS: the Wisconsin Department of Health Services.
2. Division / DPH: the Division that administers hospital emergency preparedness policy in Wisconsin.
3. DOA: the Wisconsin Department of Administration.
4. HIPAA: the Health Insurance Portability and Accountability Act of 1996.
5. HAvBED: Hospital Available Beds for Emergencies and Disasters
6. JPATS: Joint Patient Assessment and Tracking System
7. MBE: is defined as Minority Business Enterprise.

8. MCI: Mass Casualty Incident
9. Proposer: an entity responding to this RFP.
10. RFP: is defined as Request for Proposal.
11. State: the State of Wisconsin.
12. Subcontract: A written agreement between the contractor and a subcontractor to provide services.
13. Subcontractor: A third party who contracts with the awarded contractor for the provision of services, which the contractor has contracted with the Department to perform.
14. WARDS: Wisconsin Ambulance Run Data System
15. WHEPP: Wisconsin Hospital Emergency Preparedness Program

1.5 Clarifications and/or Revisions to the Specifications and Requirements

Any questions concerning this RFP must be submitted to: **Kara Cornils, Contracts Specialist** for DPH at kara.cornils@wisconsin.gov. Written questions must be submitted before 4:00 PM CT on Friday, February 22, 2013. Questions should be submitted via email with the following subject line: **Subject: Question RFP G1697 DPH-CB Proposer Name**

Telephone questions will not be accepted. Any oral responses, information, dates, and/or technical assistance received by a prospective Proposer from the Department or Department staff shall not, in any manner whatsoever whether before or after the release of this RFP, be binding on the State of Wisconsin, unless followed-up and explicitly confirmed and stated in writing by the State.

Proposers are expected to raise any questions, exceptions, or additions they have concerning the RFP document at this point in the RFP process. If a Proposer discovers any significant ambiguity, error, conflict, discrepancy, omission, or other deficiency in this RFP, the Proposer should immediately notify the Procurement Manager of such error and request modification or clarification of the RFP.

In the event that it becomes necessary to provide additional clarifying data or information, or to revise any part of this RFP, revisions/amendments and/or supplements will be posted to the DHS website at <http://www.dhs.wisconsin.gov/rfp/index.htm>.

Each proposal shall stipulate that it is predicated upon the requirements, terms, and conditions of this RFP and any supplements or revisions thereof.

Contact with State employees and/or members of the review committee concerning this RFP is prohibited except as authorized by the Contract Administrator during the period from date of release of the RFP until the notice of intent to award is released.

1.6 Contract Quantities / New or Deleted Items

The procuring and contracting agency does not guarantee to purchase any specific quantity of services. Proposals that state that the purchasing agency must guarantee a specific quantity or dollar amount may be disqualified.

NEW OR DELETED ITEMS: The purchasing agency reserves the right to add new related services to this contract based on changes in need or changes to standards unknown at the time of this RFP. Qualified contractors will be asked to provide pricing for new related services and those prices will be amended to the contract.

The contractor shall not have exclusive rights to provide all services covered under this contract during the term of the contract or any extension of the contract.

1.7 Reasonable Accommodations

DHS will provide reasonable accommodations, including the provision of informational material in an alternative format, for qualified individuals with disabilities upon request. If you think you need accommodations at any time during the RFP process, contact Kara Cornils, Contracts Specialist, at (608) 261-9300 or kara.cornils@wisconsin.gov.

1.8 Calendar of Events

The table below lists specific and estimated dates and times of actions related to this RFP. The actions with specific dates must be completed as indicated unless otherwise changed by the State. In the event that the State finds it necessary to change any of the specific dates and times in the calendar of events listed below, it will do so by issuing a notice posted to the DHS website at: <http://www.dhs.wisconsin.gov/rfp/index.htm>. There may or may not be a formal notification issued for changes in the estimated dates and times.

DATE	EVENT
Wednesday, February 13, 2013	RFPG Posted to DHS Website
Friday, February 22, 2013	Deadline for Written Questions
Friday, March 1, 2013	All Questions and Answers Posted to DHS Website
Monday, March 4, 2013	Notice of Intent to Apply Due*
Friday, March 15, 2013 2:00 PM CT	Proposals Due
Wednesday, March 20, 2013	Vendor Demonstrations (see Section 1.9)
Friday, April 5, 2013 (est.)	Notification of Intent to Pursue Contract Negotiations
June 1, 2013	Contract Start Date

*Optional

1.9 Vendor Demonstrations

Select vendor(s) based on an evaluation of the written proposals may be required to participate in interviews and/or system demonstrations to support and clarify their proposal if requested by the State. The State will make every reasonable attempt to schedule each presentation on the date indicated in

Section 1.9 and at a location specified by DHS. Failure of a Proposer to interview or permit a site visit on the date scheduled may result in rejection of the vendor's proposal.

1.10 Contract Term & Available Funding

The contract shall be effective on the date indicated in the contract and shall run for one year from that date with an option by mutual agreement of the Department and contractor, to renew for up to four additional one year periods. Renewal of the contract will be based upon the Proposer's satisfactory performance and the availability of funds.

1.11 Retention of Rights

The State of Wisconsin retains the right to accept or reject any or all proposals if it is deemed to be in the best interest of the State of Wisconsin.

All proposals become the property of DHS upon receipt.

2.0 PREPARING AND SUBMITTING A PROPOSAL

2.1 General Instructions

The selection of a contractor is based on the information submitted in the contractor's Proposal. Failure to respond to each of the requirements in the RFP may be the basis for rejecting a Proposal.

Elaborate Proposals (e.g., expensive artwork), beyond what is sufficient to present a complete and effective Proposal, are not necessary or desired.

The State of Wisconsin is not liable for any cost incurred by Proposers in replying to this RFP.

Proposers must submit Proposals in strict accordance with the requirements set forth in this section. All materials must be submitted to:

Wisconsin Department of Public Health
Kara Cornils
Contracts Specialist
1 W. Wilson, Room 372
Madison, WI 53703

All materials must be received in the prescribed formats by **Friday, 2:00 PM CT 3/15/2013.**

Proposals must be received in the above office by the specified date and time. Receipt of a Proposal by the State mail system does not constitute receipt of a Proposal. No Proposals are allowed to be submitted by fax or email. All such Proposals will be rejected.

There are two components needed for complete submission of the Proposals: Paper (Hard Copies) and Electronic. Both components are due to the address above by the stated date and time. The following submission requirements must be followed for each of the components:

Paper (Hard Copy) Proposal Component

This component must contain the original and **Seven (7)** paper copies of the entire Technical Proposal (see Section 2.2 Proposal Organization and Format) including any proprietary information.

Electronic Proposal Component

In addition to the paper documents described above, the entire Proposal must be submitted in non-password protected Portable Document Format (.pdf), on a reproducible CD(s) labeled as follows:

Wisconsin Hospital Emergency Preparedness Program – Information
Sharing & Patient Tracking System
Name and Address of Proposer
RFP G1697-DPH-CB
Disc X of Y

2.2 Proposal Organization & Format

Tab 1. Cover Sheet

- a. Table of Contents
- b. Vendor Information Form DOA-3477
- c. Vendor Reference Form DOA-3478
- d. Designation of Confidential and Proprietary Information Form DOA-3027

Tab 2. Detailed Response to all System Requirements – Section 4.0

Tab 3. Work Plan – Section 5.1

Tab 4. Organizational Capabilities – Section 6.1

Tab 5. Staff Qualifications – Section 6.2

Tab 6. Cost Summary / Project Budget – Section 7.0

Tab 8. Appendix – Letters of Support, Letters of Commitment, Memorandums of Understanding, Contracts, etc.

All materials must be received in the prescribed formats by Friday, 2:00 PM CT 3/15/2013.

2.3 Multiple Proposals

Submission of multiple proposals from proposers is not permissible.

2.4 Withdrawal of Proposals

Proposals shall be irrevocable until contract award unless the Proposal is withdrawn. Proposers may withdraw a Proposal in writing at any time up to the Proposal closing date and time or upon expiration of five (5) business days after the due date and time if received by Kara Cornils, Contracts Specialist. The written request must be signed by an authorized representative of the Proposer and submitted to Kara Cornils, Contracts Specialist, at the address listed in Section 2.1 General Information. If a previously submitted Proposal is withdrawn before the Proposal due date and time, the Proposer may submit another Proposal at any time up to the Proposal closing date and time.

2.5 Notice of Intent to Apply

Prospective Proposers are requested, but not required, to submit a notice of intent to apply to the Division. The notice of intent should be submitted to the Division at the mailing address below by 4:30 PM CT on 3/04/20013. Submission of the notice of intent does not commit a prospective Proposer to submission of a Proposal.

Notices should be mailed, emailed, faxed, or hand delivered to:

Wisconsin Department of Public Health
Kara Cornils
Contracts Specialist
1 W. Wilson, Room 372
Madison, WI 53703

3.0 Proposal Selection and Award Process

3.1 Preliminary Evaluation

The purpose of the preliminary evaluation is to determine if each Proposal is sufficiently responsive to the RFP to permit a complete evaluation. Proposals must comply with the instructions to Proposers contained in this RFP. Failure to comply with the instructions may cause the Proposal to be rejected without further consideration. The state reserves the right to waive any minor irregularities in the Proposal.

3.2 Proposal Scoring

Proposals accepted through the preliminary evaluation process are reviewed by an evaluation committee and scored against chosen criteria. A Proposer may not contact any member of an evaluation committee except with the Contract Administrator's written approval.

3.3 Proposal Evaluation Criteria

The proposal evaluation committee will review all proposals against stated criteria. Proposals from eligible applicants will be scored according to the following competitive criterion:

Maximum Points (1000 Total)

PROPOSAL EVALUATION CRITERIA	MAXIMUM POINTS
System Requirements	550 points
Work Plan	200 points
Organizational Experience & Capacity	150 points
Budget	200 points
Total	1000 points

3.4 Notification of Intent to Pursue Contract Negotiations

All Proposers who respond to this RFP will be notified via email of the State's intent to pursue contract negotiations as a result of this RFP.

3.5 Right to Reject Proposals and Negotiate Agreement Term

The State reserves the right to reject any and all Proposals. The State may negotiate the terms of the contract, including the award amount, with the selected Proposers prior to entering into a contract. If contract negotiations cannot be concluded successfully with the recommended Proposer or upon unfavorable review of the Proposer's references, the Department may terminate contract negotiations. The Procurement Manager or designee will review each RFP Response Package and Statement of Proposer Qualifications to verify the Proposer meets the requirements specified in this RFP based on a pass or fail protocol. This determination is the sole responsibility of the Department.

3.6 Letters of Support

Proposers are encouraged to submit letters of support. Letters may originate from stakeholder organizations, businesses, educational institutions, and/or other health and human service provider agencies. The evaluation committee will consider letters of support in review of the proposals.

4.0 SYSTEM REQUIREMENTS

The following are desired system requirements. Please provide detailed explanation as to how each of these requirements can or cannot be met. Additional requirements may apply upon contract execution specific to the services provided.

	In addition to your written response, please indicate Yes or No.	YES or NO	Explanation of how each requirement can or cannot be met
4.1 USER REQUIREMENTS			
1	System to allow for secured access to data and functionality. Security levels within the system to provide the ability to allow/disallow access to specific areas such as screens, windows, or logical data groupings by appropriate staff		
2	Ability to accommodate complex passwords (non re-use)		
3	Users to be constrained in their ability to add, update, delete, or view records and fields based on 'rights' assigned to the users role and jurisdiction/organization within the system		
4	Users to have a unique login ID and password for each registered end-user of the application		
5	Define any data encryption functionality system incorporates. All encryption, hashing and signing modules must be certified by NIST to FIPS 142-2 or latest version.		
6	The system must provide routine auditing (a history of user name that made an update and time that it happened). Audit capabilities that can be used for read and update access that include capture of: <ul style="list-style-type: none"> • System user • Process ID • Time/date stamp of change • Field-level identification of data • Snapshot of old and new data 		
7	Information system security (ISS)		
8	Provide differing levels of access, e.g. "Super Administrator" for overall state authority, local administrators for county end-users, etc.		
9	Allow changes to field value date, e.g. maintain data on hospitals, capacity and equipment		
10	Support maintainable lists of users that can be viewable by location and facility		
4.2 TECHNICAL REQUIREMENTS			
1	System to be Web-based with no client component installation required. All modules of system, including reporting and administrative,		

	must be web-based. No special software installation on the local machine should be required with the possible rare exception of supporting functions that would be used by a very small subset of the user base		
2	System to have a centralized ODBC compliant database from a vendor with a proven market place presence such as Microsoft, Oracle, or IBM. Vendors to indicate which DBMS and version number in bid response		
3	End-user interface must be ADA compliant		
4	System to support a user community of at least 50,000 registered users including 50 users with administrative rights		
5	System to be able to support up to 500 concurrent users		
6	System to be available 7 x 24 x 365 with allowance for periodic, announced maintenance and enhancement windows. Please describe how maintenance and enhancements are managed		
7	System provides ability for end-users to manage their own profiles and reset/recover their own usernames and passwords		
8	System to provide means of auditing end-user logins and system use		
9	System Administration functionality is provided through normal system module that is accessible to end-users through same on-line system access as the rest of the system		
10	System to generate electronic data files (CSV, XML) in a secure format for download or interfaces		
11	System to be compatible with all popular browsers such as Internet Explorer, Mozilla, Firefox, Opera and Safari		
12	The system to allow for records to be added, updated, or deleted through on-line and batch processes. Posting of data to occur in real-time		
13	System fully functional on both Mac and PC		
14	System should allow for mobile browsers		
15	Mobile application (Safari, Android, iPhone, Windows Mobile)		
16	Compatibility with multiple cell phone providers		
17	IT Status		

	<ul style="list-style-type: none"> • High bandwidth • Low bandwidth 		
4.3 ALERTING			
1	System allow individual users to create alerts per permission level		
2	System allows users to set up individual notification preferences Alerting scalability (field alerting component integrated in Patient Tracking)		
3	Alert can designate recipients by organization(s), role(s), or individual names(s) <ul style="list-style-type: none"> • Ability to schedule alerts • Allows alerting acknowledgment from mobile device • Alert automatically indicates author and author's organization in main message • System produces a report of who/when/how each person received alert 		
4	Ability to schedule alerts		
4.4 BED TRACKING			
1	Provide information on the bed status of the healthcare delivery system		
2	Provide a picture of the healthcare delivery area surge status		
3	Update bed status based on the situation and availability		
4	Report aggregate bed tracking data and regional		
5	Report on pre-identified bed categories (HAvBED)		
6	Provide bed status for MCI beds (Red, Yellow, Green, Gray, Black)		
7	Provide date/time stamp for all facility updates		
8	System allows bed updating from mobile device		
4.5 CHANGE MANAGEMENT			
1	Allow tracking from facility to administration/vendor of suggested updates/improvements		
4.6 CUSTOMER SUPPORT			
1	Provide 24/7 customer support to users (i.e. customer service phone number and real-time chat)		
2	Provide training to individual users (may be in the form of webinars, online training, or in-person with a vendor based trainer)		

4.7 DATABASE			
1	System must have storage database for WHEPP and health partner documents		
2	Must be able to batch load standard office software system (Microsoft) documents into a database to include a defining index of files		
4.8 DIVERSION STATUS			
1	System allows user (based on permission level) to open or close their own hospital		
2	System allows Milwaukee EMS Communications and other participating dispatches to open or close their corresponding hospitals		
3	System allows for canned comments and open forum comments		
4	System allows users to set up individual notification preferences		
5	Easy viewing of diversion status for EMS (i.e. in case EMS is viewing from cell phone or other small screen it should not be difficult to view)		
4.9 PATIENT TRACKING			
1	Ability to restrict user access for this component of the system		
2	Capable of wireless and wired patient information input		
3	Capable of scanning a barcode from a triage tag/wristband to input data		
4	Capable of scanning a Driver's License and incorporate appropriate fields		
5	Access to relevant and available patient tracking data from EMS and healthcare organizations (e.g. number of patients being transported to what receiving facilities, patients requiring transfer services, and triage color)		
6	Flexibility to customize data per patient the system will allow. Suggested data components: <ul style="list-style-type: none"> • Triage Color (Red, Green, Yellow, Gray, Black) • Age of patient • Sex of patient • Unique identifier (i.e. patient tracking number from triage tag/wristband) • General condition description/category (i.e. burn, trauma) • Name of patient • Location of patient 		

	<ul style="list-style-type: none"> Medical record number 		
7	Integrate the aggregate patient tracking data into the local, state and/or Federal incident common operating picture		
8	Adhere to applicable patient confidentiality laws, regulations and policies (HIPAA)		
9	Integrate with the Federal patient tracking system of record maintained by the Department of Health and Human Services, Joint Patient Assessment and tracking System (JPATS)		
10	Control of privacy levels		
11	System able to integrate with hospital medical record systems		
12	Affordable equipment, specifically scanners used by EMS in the field		
13	Multi-system and multi-equipment compatibility (i.e. types of scanner and/or cell phones use to scan; Dolphin, Motorola and types of systems such as WARDS) PLEASE LIST COMPATIBLE HARDWARE		
14	Initiate a MCI and/or patient tracking in the field and have capability to provide dynamic permissions to do so		
15	Packet Capture (PCAP)/Computer Aided Design (CAD) integration		
16	Must be able to track the patient from field/origination of care to discharge and ability to assist with family reunification		
17	Ability and tools to track patient involved in a facility evacuation		
18	Ability and tools to track patients discharged from scene (i.e. green patients)		
19	Fatality Tracking (integration with Salamander system used by Wisconsin Emergency Management)		
20	Evacuee Tracking (integration with Salamander system used by WI Emergency Management)		
21	Consideration for limited internet access ability (rural areas)		
22	Patient Tracking for daily use. This may be a separate component similar to a practice module to limit HIPAA violations.		
23	Tying patient tracking data to overall MCI data in the bed tracking system		
24	Quick and easy entry for both EMS and Hospital		

	Staff (i.e. quick admit button, limit to one screen of information for initial entry) with ability to add more information when time permits		
25	Equipment updating with any software changed from vendor needs to be seamless, updating/changes to this system component needs to be clearly communicated by vendor and with enough notice to make procedural adjustments and learn changes prior to entering the field in a real incident		
26	Capability of remote equipment updating (i.e. one or a few individuals could remotely update all scanners)		
27	Ability to integrate a photo taken with compatible equipment		
28	Must be able to modify an individual patient record as well a batch modify multiple records simultaneously (i.e. hospital admits 10 patients simultaneously rather than going in to change each individual record)		
29	Must be able to view all patients on the same screen from particular incident		
30	Ability to select from all organizations on the system to determine destination, not just those involved in the incident (i.e. incident grows, shouldn't have extra steps to add destination hospitals		
31	Each change to the patient record be date/time stamped with indication of person and their organization that made the change		
32	Must be able to permanently delete patient data when necessary		
4.10 REAL-TIME CHAT			
1	Provides a chat-room that is by invitation only		
2	Provides historical data of chats		
3	System allows users to set up individual notification preferences		
4.11 REPORTING			
1	System database to be accessible for reporting. Please describe reporting functionality provided with system		
2	Reporting functionality provided includes: standard reports/views provided with system; ability to create new standard reports; ability for expert end-users to create ad-hoc reports		

3	All reports to be viewable online, printable or exportable in XML, CSV or other formats		
4	User contact lists. Lists to allow for telephone, email and mailing contact information		
5	Ability to create reporting database for use for public access		
6	Training module needed specifically for reporting		
7	Easily printable report of facility snapshots (i.e. contact information, resources and beds)		
8	Provide advanced reporting features		
9	Hard copy production data		
10	Ability to schedule reports and email to specific users		
11	Ability to assign permission levels to report writing/reading		
4.12 RESOURCE MANAGEMENT			
1	Inform local, state and/or the Federal incident management and other relevant response partners about healthcare organization resource needs to assist with the decision regarding resource allocation		
2	Inform healthcare organizations with relevant incident information and status of healthcare delivery operations within the community (e.g. available resources)		
3	Easily navigable/modifiable resource pages per organization with customizable categories		
4	Date stamp assigned to each resource to determine accuracy of information		
4.13 SURVEILLANCE			
1	System will provide a tool for Hospitals, Public Health and other health partners to collect information during an event/incident such as an infectious disease outbreak		
2	Permission must be separated for the creation of a survey from the system administration functions		
3	Allow a single survey to be completed and reported on numerous times		
4	Restrict the information collected in survey		
5	Include a function that would remind users that the survey needs to be completed		
6	Potential interface to hospital systems of patient information to pull needed data		
4.14 SYSTEM TRAINING			

1	Training Module/Demo Site		
2	Ongoing training/webinars/electronic		
4.15 TICKET WORK ORDER TRACKING			
1	System provides a user friendly tracking system for work orders		

5.0 PROPOSER INFORMATION SECTION

Section 5.0 contains information for Proposers regarding the responsibilities, deliverables and outcomes the contractor is responsible for providing as part of this project.

The following requirements are the minimum specifications and responsibilities. If no Proposers are able to comply with any given specification, condition of proposal or provide a specific item, the state reserves the right to delete that specification, condition of proposal or item.

5.1 Work Plan

A work plan is an organizational tool that identifies significant goals, objectives, activities, measures, timelines, and responsible parties for a project. DHS is looking for a Proposer that has the capacity to implement the expectations of the RFP and the Proposer's objectives and work plan. The Proposer is expected to have a thoughtful plan for assuring adequate staff or contractor resources are in place in a timely way to complete objectives according to the proposed work plan.

The Proposal must include an initial Start-Up and Implementation Plan. Upon contract execution, the Contractor must prepare and submit a formal Implementation Plan that includes all the activities required to begin operations successfully under this contract. The Implementation Plan must be sufficiently detailed to enable the State to be satisfied that the work is to be performed in a logical sequence, in a timely manner, and with an efficient use of resources. Each activity listed in the work plan must include a description of the task, a scheduled start date, and a scheduled completion date.

6.0 ORGANIZATIONAL EXPERIENCE AND CAPACITY

6.1 Organizational Capabilities

Describe the firm's experience and capabilities in providing services similar to those requests. Be specific and identify projects, dates and results.

6.2 Staff Qualifications

Provide resumes describing the education and work experience for each of the key staff who would be assigned to the project.

7.0 COST SUMMARY / PROJECT BUDGET

WISCONSIN INFORMATION SHARING AND PATIENT TRACKING SYSTEM

Vendor Name		Date
Vendor Signature		

Prices below are mandatory

Wisconsin Patient Tracking system	QUANTITY	UNIT COST	TOTAL COST
Software, Product Name(s):			
Installation and Configuration Assistance (Provide detail on work required to install and configure for State use and associated costs. Separate cost by components below if applicable.) <u>Component</u> <ul style="list-style-type: none"> • Bed Tracking • Patient Tracking • Technical Requirements • Alerting • Diversion Status • Customer Support • Security/Administrative Requirements • Real-Time Chat • System Training • Surveillance • Reporting • Resource Management • Database • Change Management • Ticket Work Order Tracking 			
Training			
Maintenance and Support (Provide detail on different levels of support and associated costs. e.g. Premium Support = 2 hour response during business hours, 4 hour response off hours. etc.)			

Year 1 – Maintenance & Support			
Year 2 – Maintenance & Support			
Year 3 – Maintenance & Support			
Year 4 – Maintenance & Support			
Year 5 – Maintenance & Support			
Hosting (Provide detail on hosting and costs associated with hosting and providing the level of disaster recovery as specified in requirements)			
Year 1 – Hosting			
Year 2 – Hosting			
Year 3 – Hosting			
Year 4 – Hosting			
Year 5 – Hosting			
OTHER COSTS: (SPECIFY)			
TOTAL PRICE:			
Additional Consulting Services – Per Hour			
Custom Work - (Provide hourly cost for custom changes that State may elect to have added to system)			